PTO/SB/17 (10-08)

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Foos pursuant to the C	Complete if Known Application Number 10/507,355-Conf. #5659							
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				THE REAL PROPERTY OF THE PERSON NAMED AND ADDRESS OF THE PERSO		June 9, 2005		
FEE TRANSMITTAL						SENI	***************************************	
For FY 2009						S. F. Baum		
Applicant claims small entity status. See 37 CFR 1.27						1638		
TOTAL AMOUNT OF PAYMENT (\$) 180.00				Attorney Docket No.		0147-0262PUS1		
				Attorney Docket No.				
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order Other (please identify):								
X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
X Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
X Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULAT	ION							
1. BASIC FILING, S	EARCH, AND E	XAMINATION FI	EES					
	FI	LING FEES		ARCH FEES	EXAMIN	ATION FEES		
Application Type	Fee (\$	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees	Paid (\$)
Utility	330	165	540	270	220	110	1000	· uiu (y)
Design	220	110	100	50	140	70		
Plant	220	110	330	165	170	85		
Reissue								
	330	165	540	270	650	325		
Provisional	220	110	0	0	0	0		
2. EXCESS CLAIM I	FEES						Eng (\$)	Small Entity Fee (\$)
<u>Fee Description</u> Each claim over 20 (including Reiss	uec)					Fee (\$)	
Each independent cl				52	26			
-				220 390	110			
Multiple dependent claims				- D-1-1 (ft)		-16-1- D		195
Total Claims 57 -83 o	- 83 or HP		e Paid (\$)		ultiple Depende		-	
HP = highest number of	total claims paid for	x =	·		ree	<u>: (\$)</u> <u>F</u>	ee Paid (51
Indep. Claims	Extra Claims	-	Fa	e Paid (\$)				
2 -4 or F		χ =		e r aiα (ψ)				
HP = highest number of			an 3.					
3. APPLICATION SI	·	,						
If the specification		ceed 100 sheets	of paper (excluding electro	onically file	ed sequence or	computer	
listings under 37	CFR 1.52(e)), 1	the application si	ize fee du	e is \$270 (\$135 f				0
sheets or fraction	n thereof. See 3	5 U.S.C. 41(a)(1)(G) and	37 CFR 1.16(s).				
Total Sheets	Extra Sheets	<u>S Number</u>	r of each a	dditional 50 or frac	tion thereof	Fee (\$)	Fee	Paid (\$)
10	00 =	/50 =		(round up to a who	le number) x	=	=	
4. OTHER FEE(S) Fees Paid (\$)								
Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): 1806 Submission of an Information Disclosure Statement 180.00								
SUBMITTED BY	///							
Signature	VII.	A STATE OF THE PARTY OF THE PAR		Registration No.	30,330	Telephone	(858) 79	2-8855
Name (Print/Type) Leonard R. Svensson				(Attorney/Agent)	,		lovember	
Lec	maiu IX. OVEIIS	JUII				Date 1/	overnoer	13, 2008